



**Application for Subdivision Approval
Bureau of Environmental Health**

Date: _____

General Information:

1. Name of Subdivision: _____
2. Location: _____
3. County: _____ Tax Map and Parcel Number: _____
4. Owner/Company President: _____
Name of Company, Corporation or Association: _____
5. Business Address: _____
6. Business Telephone: _____ Other: _____
7. Total Size of Subdivision (acres): _____
8. Total Number of Lots: _____
9. Range and Average Size of Lots: _____
10. Number of Sections or Phases in Entire Project: _____
11. This application is for:
☐ Entire Project: _____
☐ Section/Phase No.: _____ No. Lots: _____ No. Acres: _____
☐ Section/Phase No.: _____ No. Lots: _____ No. Acres: _____
12. Type of Development:
☐ Residential ☐ Commercial ☐ Other
Describe: _____
13. Lots are to be: ☐ Sold ☐ Leased ☐ Rented

Water Supply:

14. Proposed Method of Water Supply
☐ Individual Wells: _____
(if wells are proposed, state approximate distance to nearest public water supply)
☐ Public System: _____
(if public system, give name of municipality, water district, or company)

Sewage Disposal:

15. Proposed Method of Sewage Collection and Disposal
☐ Septic Tank Systems: _____
(if septic tanks are proposed, state approximate distance to nearest public sewage system)
☐ Public System: _____
(if public system, give name of municipality, sewage district, or company)

☐ It is hereby agreed that if the attached plans dated _____, or any amendment or revision thereof, are approved by the South Carolina Department of Health and Environmental Control, public water facilities will be installed in accordance with the details thereof as shown on such approved plans if the land is subdivided.

☐ It is hereby agreed that if the attached plans dated _____, or any amendment or revision thereof, are approved by the South Carolina Department of Health and Environmental Control, each purchaser of a lot will be informed of any special conditions or limitations concerning the lot that may be explained or referred to in plans or in the letter of subdivision approval from the Department.

Date

Official Title

For Health Department Use:

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.